

RURAL DISTRICT COUNCIL
of
BRIDLINGTON.

Sanitary Authority.

REPORT
for the Year 1913,

OF

WILLIAM A. WETWAN, M.R.C.S.,

Member of the Royal Sanitary Institute,

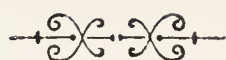
Medical Officer of Health of the District.

BRIDLINGTON :

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1913.

REPORT, 1913.



BRIDLINGTON,

MARCH, 1914.

GENTLEMEN,

I have the honour to present to you my Annual Report on the health of the district for the year 1913.

In writing reports on a stereotyped plan there are of course many advantages in facility of reference to, and readiness of comparison of, given subjects in orderly classification, but equally do we encounter a certain amount of repetition, which, to the casual reader may seem uncalled for, and give an air of sameness to yearly reports. Especially is this met with in sanitary reports, for each is supposed to be complete in itself and have within it all the data required for correctly gauging the sanitary condition and progress of the individual area, and for the period of time to which the report relates, and must therefore deal with some factors which are permanent, and others which are constantly changing. Such varying factors are the meteorological conditions prevailing during a given time, the changing characteristics of a population, and the more or less rapid way in which the appearance of the country changes, and in the migrations of population, the necessary erections of dwellings, and the steady conversion of rural into urban lands. A well defined example of this transformation in the beginning is to be seen in Bessingby parish where it abuts on the Cardigan Road on the borders of the neighbouring Borough, until last year purely grazing ground bordered by hedgerows, and now lined with dwelling-houses the occupants thereof being appropriate to their environment. However, beneath all superficial changes you have the unvarying geological structure of the country which must remain the same for innumerable cycles of years; and the contour of the land which we may expect to remain unaltered long past the memory of living men, and so the geological description will remain the same.

The climatic conditions ruling during 1913, although not so persistently wet as in 1912, were decidedly broken, spells of fine weather alternating with rain and heavy winds, and the mean temperature lower than one desired for weeks together. It was not however, an unhealthy year, and it may safely be said that whenever the weather was bad with us, it was decidedly worse elsewhere. I would commend this matter to the notice of the neighbouring Borough of Bridlington. I am sure if they took systematic meteorological observations, they would find Bridlington and District to be very highly favoured in the matter of dryness and sunshine, which cannot be too widely known.

We have had during 1913, no epoch making Act of Parliament akin to the Housing and Town Planning Act, but there has been an abundance of Regulations and Orders from the Central Authority. Many are of great use and will when occasion arises, no doubt greatly facilitate the administration of Sanitary Law throughout the Country, but I would point out that unless Sanitary Authorities act up to the spirit, and enforce the letter of the laws and Regulations they are elected to administer, little benefit to the various populations committed to their ruling will accrue. No amount of energy on the part of officials can compensate for lukewarmness of Sanitary Authorities.

GEOLOGICAL FORMATION.

The superficial contour of the district is a gentle slope inclining North and South from the chalk ridge of the Wolds which runs from West to East and ends at Flamborough Head. The highest point is about 400 feet above sea level. The upper chalk is close to the surface all over the Northern part of the district, with the usual faults and flaws, and is a good average water bearing stratum. In Hunmanby Parish there is a long linear fault running almost due North and South coinciding with the main street of the village, close up to which comes thick beds of Kimmeridge and Speeton clays, the whole having a very deleterious effect on the water supply. The Southern lower-lying part of the district shows more tertiary and post-tertiary deposits, and is covered generally with a thick layer of clay or loam beneath which is the subsoil of sand and gravel. The thickness and density of the chalk beneath some of the villages make their water supply a matter of difficulty and the nearness of others to the sea, and height above sea level, add to the problem. We have no rivers; there is only one water course sufficiently important to be designated a stream, and that is "The Gypsy Race." It rises in the Dales and runs Eastwards for 17 or 18 miles through a fine loamy valley to empty itself into Bridlington Harbour. After a dry year or two the stream disappears

in parts, but when favoured with a plentiful supply of rain, the little stream flows merrily along until its gathering volume becomes too large for its channel, and patches of low ground are turned into temporary lakes. Barmston Drain, Water Mill Beck and Earle's Dyke, are all more or less artificial water-courses made for or adapted to drainage purposes. The general aspect of the district, though somewhat bare to the North, is distinctly rural, and the Southern low-lying country towards Holderness quite Sylvan in character.

POPULATION.

With the exception of the village of Flamborough, where a moiety of the population are deep-sea fishermen, and Bampton, which has a few hardy adventurous men, who combine cliff-climbing for sea birds eggs with their more customary avocations, all the industrial population is engaged in agricultural pursuits or some business subsidiary thereto with the usual small proportions in the building, joinering and engineering trades. There are no extremes of prosperity and squalor, such as meet the Sanitary Officer in many centres of wealth and industry, neither is there any overcrowding worth the name. Certainly one finds houses every now and then where the occupants might spread out a bit more with advantage — if the dwellings were not damp or dilapidated.

TABLE OF DWELLING-HOUSES AT CENSUS IN 1911

Sub-District.	Inhabited.	Uninhabited.	Building.
Rural Bridlington ...	570	47	3
Hunmanby ...	766	56	1
Skipsea ...	345	20	—
Total ...	1681	123	4

In the 1911 enumeration there was a ratio of 4.6 persons per occupied house for the whole District, with 123 unoccupied houses. I expect many of these latter left much to be desired. During the decennium 1891—1901 our rural population showed a steady decline which continued well into the next decade, and is now only arrested by the increase of residents in one or two special localities such as Bessingby and a portion of Hunmanby parish,

which are reaping the benefit of being nearer larger Urban centres and afford the fortunate few many of the advantages of rural life without some of its drawbacks. There is nothing in the occupation or pursuits of the population which has any marked deleterious effects on health—indeed I should say that all the industries of the district are healthy, and are carried out under favourable conditions.

The proportional distribution of the sexes at the Census in 1911 was as follows :—

	Males.	Females.
Skipsea Sub-District...	53·7	46·3 per cent.
Hunmanby do. ...	51	49 „
Bridlington (Rural) do.	52·3	47·7 „
<hr/>		
The whole District	52·2	47·8 per cent of the whole.

The estimated population of the Rural District in 1913 was 7,854, showing a slight but appreciable increase on the two preceding years, chiefly due of course to the development of residential areas on the borders of larger urban centres. The Birth-rate of 21·39 per 1,000 living is also somewhat higher than that of the preceding year, and only 1·51 below that of England and Wales for 1913. The District Death-rate of 12·47 is 1·4 below that of 1912 and 0·63 below the “crude” Death-rate of Rural England and Wales for 1913, whilst our “standardised” mortality-rate for the year under consideration of 11·05 per 1,000 living, compares quite favourably with the “standardised” Death-rate of 12·1 for rural England and Wales. I may explain for general information that the “crude” Death-rate is derived from the deaths, after these have first been “corrected” by transference inwards and outwards of persons belonging to the District dying away, and of those dying within the District but belonging to outside areas. The resulting rates are then “standardised” by the appropriate “factor” representing the difference in composition of the population as shown by the enumeration of 1901, so that the rate of mortality of an individual District may be accurately and profitably compared with that of England and Wales, either urban or rural, as the case may be. Our Infantile Death-rate of 77·97 per 1,000 registered Births is the lowest we have recorded, and is 18·03 below that of the remaining part of Rural England and Wales for the past year. I am glad to say that our rate of infantile mortality has steadily declined since 1891, when the average ruled from 120 to 130 per 1,000 registered births. On the other side our illegitimate births in 1913 were 10·71 per cent. of the total births, but the deaths of infants in the first year of life born out of wedlock were 46·1 per

cent. of the total infantile deaths. This is a gross waste of infant life—these children are mostly the offspring of young and vigorous parents, and if given anything like decent attention should grow into equally vigorous adults and become a valuable asset in the population. It is very doubtful whether the blame for this should always be laid to the charge of the parents.

TABULAR SYNOPSIS FOR 1913.

Sub-District.	Estimated Population in 1913.	Births in 1913.	Birth Rate.	Deaths.		Death Rates in 1913.		
				At all Ages.	Under 1 year	General.	Zymotic.	Infantile
Rural Bridlington	2555	50	19·56	36	4	12·49	11·30	80
Hunmanby	3658	75	20·50	43	6	10·41	5·9	80
Skipsea	1641	43	26·20	19	3	10·27	—	69·7
Rural District.	7854	168	21·39	98	13	11·05	17·8	77·97

VITAL STATISTICS OF ENGLAND AND WALES

IN 1913.

The marriage-rate in England and Wales in 1913 was 15·5 persons married per 1,000 of the population, being the same as the rate in 1912. Compared with the average in the ten years 1903-1912 the marriage-rate in 1913 showed an increase of 0·2 per 1,000.

The birth-rate in 1913 was 23·9 per 1,000 of the population, which is 0·1 per thousand above the rate in 1912, but lower than the rate in any other year on record. Compared with the average in the ten years 1903-1912, the birth-rate in 1913 showed a decrease of 2·4 per 1,000.

The death-rate in 1913 was 13·7 per 1000, which was 0·4 per 1,000 above the rate in 1912; compared with the average rate in the ten years 1903-1912, the death-rate in 1913 showed a decrease of 1·2 per 1,000.

ANNUAL BIRTH AND DEATH RATES PER 1,000 LIVING.

	Birth Rate.	Death Rate.		Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Violence.	Diarrhoea and Enteritis under 2 years.	Deaths under 1 year per 1000 Births.
		Crude.	Standard.									
Columns	1	2	3	4	5	6	7	8	9	10	11	
England and Wales ...	23.9	13.7	13.4	0.04	0.00	0.28	0.06	0.14	0.12	0.53	23.41	109
96 Great Towns ...	25.1	14.3	14.7	0.04	0.00	0.34	0.07	0.17	0.13	0.52	29.33	117
145 Smaller Towns ...	23.9	12.8	13.0	0.05	0.00	0.30	0.05	0.13	0.11	0.44	24.73	112
England and Wales } less the 241 Towns }	22.3	13.1	12.1	0.04	0.00	0.20	0.05	0.12	0.11	0.58	14.39	96

Name of Parish.	Population at Census in 1891.	Population at Census in 1901.	Population at Census in 1911.	Births in 1913	Deaths in 1913.	
					All Causes.	Zymotic.
Bessingby	87	170	228	1	—	...
Carnaby	200	192	189	2	2	...
Boynton	126	161	147	3	—	...
Easton	32	38	38	1	—	...
Sewerby and Marton...	331	330	306	6	2	...
Buckton	141	158	165	3	2	...
Flamborough	1288	1189	1158	24	27	2
Bempton & Newsome	310	284	296	10	3	...
Hilderthorpe ... ..						...
Rural Bridlington ...	2556	2602	2527	50	36	2
Hunmanby	1309	1289	1370	32	25	...
Speeton	151	146	150	4	2	...
Grindale	157	154	183	1	1	...
Argham	40	40	32	1	—	...
Rudston	578	552	566	7	4	...
Thwing and Octon ...	367	326	339	9	3	1
Wold Newton	292	274	298	5	2	...
North Burton	425	422	440	12	5	...
Reighton	252	219	183	4	1	...
Fordon... ..	38	38	39	—	—	...
Hunmanby Sub-Dist.	3609	3460	3600	75	43	1
Burton Agnes	321	326	340	8	4	...
Haisthorpe	121	118	112	6	1	...
Thornholme	115	84	77	1	2	...
Gransmoor	68	69	85	3	3	...
Lissett	105	98	97	3	2	...
Ulrome	198	187	157	5	2	...
Dringhoe, Upton, and Brough	156	136	113	2	—	...
Skipsea	341	288	326	10	3	...
Barmston	213	210	198	5	2	...
Fraisthorpe, Auburn, and Wilsthorpe ...	124	111	100	—	—	...
Skipsea Sub-District	1762	1627	1605	43	19	...
Rural District ...	8927	7689	7732	168	98	3

MARRIAGES.

There were 31 Marriages in the Rural District in 1913, being at the rate of 7·8 persons married per 1,000 living, as compared with 11·56, 9·2 and 9·7 in the three immediately preceding years,

and a mean annual average of 10·09 for the ten years 1903-1912. The marriage-rate for England and Wales in 1913 was 15·5 persons married per 1,000 of the population.

BIRTHS AND BIRTH-RATES.

There were 164 births registered in the Rural District, and 4 were born in Institutions outside, making a total of 168 births against 160 in 1912. The Birth-rate was 21·39 per 1000 as compared with 20·48, 24·8 and 23·1 in the three immediately preceding years. The Sub-District Birth-Rates were Rural Bridlington, 19·56, Hunmanby 20·50, and Skipsea 26·20. The illegitimate births numbered 18, and equal a Birth-rate of 2·29 per 1000 living, and constitute 10·71 per cent of the total births.

TABLE OF QUARTERLY TOTALS (BIRTHS).

1913.				1912.		
BRIDLINGTON SUB-DISTRICT.	Males.	Females.	Total.	Males.	Females.	Total.
1st Quarter	10	8	18	6	6	12
2nd Quarter	5	4	9	7	8	15
3rd Quarter	3	9	12	7	7	14
4th Quarter	4	6	10	6	5	11
Totals...	22	27	49	26	26	52
HUNMANBY SUB-DISTRICT.						
1st Quarter	13	15	28	7	13	20
2nd Quarter	12	4	16	10	5	15
3rd Quarter	6	8	14	12	11	23
4th Quarter	12	3	15	9	8	17
Totals...	43	30	73	38	37	75
SKIPSEA SUB-DISTRICT.						
1st Quarter	9	5	14	5	6	11
2nd Quarter	7	6	13	7	4	11
3rd Quarter	1	4	5	0	0	0
4th Quarter	6	4	10	4	7	11
Totals...	23	19	42	16	17	33
Totals for Rural District	88	76	164	80	80	160

DEATHS AND DEATH-RATES.

The corrected deaths for the Rural District in 1913, were 98 as compared with 110, 107, and 82 in the three preceding years. The Death-rate from all causes and at all ages was 12·47 per 1000 living as compared with 13·1 for Rural England and Wales. The "Standardised" death-rates for the District and Rural England, being 11·05 and 12·1 respectively. The general Mortality rates for the District in the three previous years were 13·87, 13·8 and 10·8. There were thirteen deaths of children in the first year of life, being in the proportion of 77·97, deaths in each 1000 registered births. Six of these infants were born out of wedlock and furnish 46·1 per cent of the Death-rate. The Infantile mortality rate of Rural England was 96 per 1000 registered births.

TABLE OF QUARTERLY TOTALS (DEATHS.)

1913.				1912.		
BRIDLINGTON SUB-DISTRICT.	Males.	Females.	Total.	Males.	Females.	Total.
1st Quarter	9	5	14	5	8	13
2nd Quarter	1	1	2	10	3	13
3rd Quarter	3	6	9	5	2	7
4th Quarter	3	4	7	5	2	7
Totals	16	16	32	25	15	40
HUNMANBY SUB-DISTRICT.						
1st Quarter	11	6	17	7	6	13
2nd Quarter	7	4	11	7	5	12
3rd Quarter	3	3	6	8	6	14
4th Quarter	3	4	7	5	5	10
Totals...	24	17	41	27	22	49
SKIPSEA SUB-DISTRICT.						
1st Quarter	5	1	6	3	4	7
2nd Quarter	1	3	4	1	2	3
3rd Quarter	0	0	0	3	0	3
4th Quarter	2	3	5	3	5	8
Totals..	8	7	15	10	11	21
Totals for Rural District	48	40	88	62	48	110

CAUSE OF DEATH.	AGE.					SEX.		Registration Sub-District	QUARTER OF YEAR.								
	Under 1 year.	From 1 to 5.	From 5 to 15.	From 15 to 25.	From 25 to 65.	From 65 upwards.	Sex.		Bridlington	Hunmanby.	Skipsea	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total	
							Males.										Females.
Scarlet Fever	1	..	..	..	..	..	1	..	1	..	..	..	1	..	..	1
Measles	1	..	..	..	..	1	..	1	..	..	..	..	..	..	1	1
Influenza	1	..	..	1	..	1	..	..	..	..	..	..	..	1
Tuberculosis (Pulmonary)	3	..	3	4	2	1	5	..	..	2	..	..	..	6
Tuberculosis (Other Forms)
Cancer..	5	4	2	7	2	5	2	1	4	2	2	1	9
Bronchitis and Broncho-Pneumonia	1	6	6	1	2	5	..	..	..	2	1	7	7
Pneumonia and Pleurisy
Other Diseases of Respiratory)
Passages	1	1	1	1	..	2	..	..	..	2	..	..	2
Appendicitis and Typhilitis ..	2	..	..	..	..	1	2	1	..	2	1	..	..	..	..	..	3
Cirrhosis of Liver
Child-birth
Premature Birth and Congenital)
Debility	5	..	..	..	..	..	4	1	1	4	..	..	2	1	1	1	5
Diseases of Heart	2	5	5	2	3	1	3	2	2	1	1	2	7
Senile Decay	19	8	11	8	8	3	8	2	2	6	6	19
Other Diseases	4	15	10	9	7	9	7	6	8	2	3	3	19
Inquests } Suicides	1	2	..	2	1	2	1	..	1	..	2	..	..	3
Natural Causes	2	..	..	..	1	1	1	3	3	1	..	1	2	1	..	..	4
Traumatic Causes	1	1	..	1	..	..	1	..	..	..	..	1
Total	9	2	..	5	16	56	48	40	30	42	16	31	25	14	18	88	

CAUSES OF DEATH.

The Table on the opposite page is intended to show the actual mortality of the District without correction and classified according to age, Sub-District and time of year. The diseases shown are only those which at present have any bearing on Public Health, or which may give us some idea as to the suitability of climate or otherwise to those suffering from such complaints. There were 3 deaths from Zymotic disease in 1913, producing a Zymotic mortality rate of 0.253 for the District—standardised 0.224. Pulmonary Phthisis had 6 deaths in 1913, and General Tuberculosis none, as compared with 3 from such complaints in 1912. The Cancer group contributed 9 deaths both in 1913 and 1912, whilst Bronchitis, Pneumonia, and other acute diseases of the Respiratory system had 9 deaths this year against 19 in the preceding twelve months. Nineteen deaths each were attributed to Senile Decay and other diseases respectively in 1913 against 11 and 22 in 1912. There were 8 Inquests in the year being fewer by 5 than in the year before. The deaths certified as due to Heart Disease were 7 in 1913 against 15 in 1912—this apparent fall in cardiac fatality is probably equalised by many deaths from this cause being returned under the head of Senile Decay, where there is as noted above a considerable increase—much depends on the way of certifying—complete uniformity is still a long way off. “Other diseases” covers a varying number of deaths from diseases which have no particular bearing on public health, and are of uncertain occurrence; they are so grouped to save useless computations in large centres of population.

DEATHS FROM CERTAIN DISEASES.

	1904.	1905.	1906.	1907.	1908.	1909.	1910	1911.	1912.	1913.
Diarrhœa	4	2	1	1	...	...	1	4	...	...
Measles	1	...	2	3	...	...	...	2	...	1
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	..	...	1
Diphtheria	1	2	4	4	...	...	1	...	...	...
Influenza ... ..	...	2	2	4	3	1	1	1	3	1
Childbirth... ..	3	...	2	1	...	...	...	1	2	..
Bronchitis, Pneumonia	12	17	11	9	7	8	5	12	16	9
Tuberculosis	4	15	9	6	12	4	5	5	6	6
Cancer	5	8	10	4	8	5	10	7	10	9

AGE.

Of the eleven children who died before attaining the age of fifteen years, 9 were under 1 year and between 1 and 5, against 20 for the same age group in the previous year. There were 21 died in the middle period of life, 15 to 65 years of age, whilst 56 had attained to 65 and upwards, as compared with 47 and 39 for these groups in 1912.

NOTIFICATION STATISTICS.

I received during the year 101 Notifications under the Infectious Diseases (Notification) Act, and 12 under the Tuberculosis Regulations 1912, as set out in the subjoined Table. An uncertain number of cases of both Measles and Scarlet Fever were not notified, and heard of indirectly some time after the occurrence. Cerebro-spinal Fever, Anterior Poliomyelitis, and Ophthalmic Neonatorum have all been added to the list of Notifiable Diseases.

INFECTIOUS DISEASES (NOTIFICATION) ACT.

Disease.	Rural District.	SUB-DISTRICT.			1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
		Rural Bridlington.	Hunmanby,	Skipsea.				
Diphtheria ...	3	2	1	...	2	...	...	1
Erysipelas ...	3	2	...	1	2	1	...	...
Scarlet Fever...	24	16	8	...	1	1	5	17
Enteric Fever...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...
Measles	70	40	29	1	1	27	1	41
Pulmonary Tuberculosis	7	5	1	1	4	2	...	1
Tuberculosis, other than Pulmonary	4	2	..	2	2	1	...	1
Cerebro Spinal Fever ...	1	...	...	1	...	...	...	1
Totals ...	112	67	39	6	12	32	6	62

Of these cases twelve were removed to the Borough Sanatorium, viz., 11 cases of Scarlet Fever and 1 case of Diphtheria.

NOTIFICATION STATISTICS FOR YEARS

1903—1913.

Disease.	1904.	1905.	1906.	1907.	1908.	1909	1910	1911	1912	1913.
Diphtheria ...	1	5	48	22	16	6	13	2	1	3
Erysipelas ...	6	6	6	2	1	1	1	2	1	3
Scarlet Fever ...	6	13	9	2	4	4	13	28	10	24
Enteric Fever ...	1	7	1	...	1	1	3	4	...	...
Puerperal Fever ...	...	...	...	1	...	...	...	1	...	...
Measles ...	142	31	126	82	15	1	34	96	11	70
Pulmonary Tuberculosis	...	...	...	...	...	...	...	...	11	7
Tuberculosis, other than Pulmonary	...	...	...	...	...	...	...	...	...	4
Cerebro Spinal Fever ...	...	..	...	...	...	...	...	...	...	1
Totals ...	156	62	190	109	37	13	64	133	34	112

BACTERIOLOGICAL.

There were 44 specimens sent for Bacteriological examination, with a positive result in 5 and negative in 39 instances ; some of the latter of course being re-examinations and control. They were mostly from doubtful lung and throat cases.

VACCINATION STATISTICS.

The Vaccination Acts are administered by the Poor Law Authority for the whole area of the Union of Bridlington which for purposes of Registration and Vaccination is sub-divided into sub-districts. The Rural Sanitary District comprises all the area of the Union outside the boundaries of the Borough of Bridlington necessarily cutting one of the sub-districts into two unequal parts. As the Borough has nearly double the population of the District it would be manifestly wasteful of arithmetic and time to attempt to sort out their respective contributions to the statistics. I therefore give in the subjoined Table the figures for the whole Union for the years therein set out. The paragraph following gives similar figures for the first six months of 1913.

For the first half of 1913 there were registered in the whole Union 230 Births: of these 67 were successfully vaccinated, 19 died unvaccinated, 129 were exempt on account of "conscientious objection," 5 were postponed by medical certificate, 2 removed to districts known, 2 removed to districts unknown, and six were lost sight of.

VACCINATION STATISTICS.

Year.	Births.	Successfully Vaccinated.	Insusceptible.	Died Unvaccinated.	Postponed by Medical Certificate.	Removed to Districts known.	Removed to Districts unknown.	Conscientious Objectors	Unaccounted for.	Per cent. lost sight of or unaccounted for.
1901	396	291	...	51	4	2	11	32	5	4.0
1902	382	313	2	32	3	1	11	18	2	3.4
1903	366	284	2	29	...	...	18	25	8	7.1
1904	382	269	6	34	...	...	17	45	11	7.3
1905	352	262	1	24	1	1	25	23	15	11.3
1906	353	261	1	22	...	2	15	39	12	7.6
1907	353	207	3	27	2	6	14	66	28	11.8
1908	296	117	2	21	...	1	13	125	17	10.1
1909	342	110	1	30	...	...	14	164	23	10.8
1910	308	92	...	18	...	1	10	177	10	6.4
1911	345	101	...	16	...	2	8	205	13	6.0
1912	442	138	...	22	1	3	12	250	13	3.6

I have for years given in my Reports proofs from the past of the terrible power and activity of the Small Pox when endemic in this Country, and have recorded instances of the continued virulence of the disease in sporadic outbreaks in recent times. A disease "which once devastated continents, decimated armies" and slaughtered the young and susceptible so mercilessly that it had to be reckoned with in every walk of life and guarded against in arranging every movement of business or pleasure. Two out of every three people you met in the street bore on their faces the unmistakable signs of the power of the disease. Before engaging anyone for an important undertaking it was necessary that he should have had the Small Pox or have been so long constantly associated with it as to show immunity. And what has changed all this and given you a clean-faced community, which carries in its wholesome appearance the strongest and most convincing proof that the disease has lost its power? Seeing that the decline in

Variola began soon after Jenner's immortal and epoch-making discovery and continued to get more and more marked as the practice of vaccination increased ; and now in the countries where vaccination is most efficiently administered, you have the smallest amount of Small Pox. No sane person can have any reasonable doubt as to the vaccination being the one and only protection against the Small Pox. So effectual has been the prophylactic that even the tradition of the terrible plague which in pre-vaccination days hung like a threatening cloud over all sections of the community, has by the multitude been forgotten ; and those in authority charged with administering the law become so culpably lax that the ghastly folly apparent in the "conscientious" column of the Table rendered possible.

GENERAL SANITATION.

WATER SUPPLY. The greater part of the Rural District obtains its drinking water from "Wells" and these, whether public or private, may be a hole in the ground, a shallow or a deep well. The first two of course supply surface water which varies only in the amount of impurity contained per gallon. The deep well water comes mostly from the chalk, and if it escapes contamination in the well, is fairly pure and has only about 20 per cent. of hardness, mostly removable by boiling, but these really good wells are few and far between. The supply of decent water for dietetic purposes is one of the most serious problems the Sanitary Authority has to face, for very few of the parishes are able to meet unaided the heavy cost of even a very modest installation, and the engineering difficulties and cost of conveyance stand in the way of union of all but a few of the numerous parishes and hamlets which make up the District. There are only two places which at present draw from a public supply—Bessingby and Flamborough—the former from the Bridlington Corporation Waterworks, whilst the latter has its own installation of Well pumping-plant and storage reservoir.

The installation of a public supply in this village has been a great success, and each year sees some hundreds of yards of new main laid down. At Hunmanby I confidently expect as complete a success as at Flamborough. Factious opposition will be turned into ungrudging support as soon as the state of the underground water will allow the well and adits to be completed, and an early beginning made with making a reservoir and laying mains.

At Reighton a trial bore-hole was made by Major Constable and its use offered to the parish, but the uncertainty of the constancy and sufficiency of the yield naturally caused the Council to hesitate to incur the very heavy cost of raising, storing and distributive works. This state of affairs is to be regretted for the water supply of Reighton is quite inadequate in quantity and poor in quality. This description would apply more or less to the greater part of the area which forms the Rural Sanitary District, and the same difficulties of finance. Unless some scheme can be devised of uniting parishes and subsidising them from the Imperial Exchequer, I can see no other way than by enforcing the provisions of the Public Health Water Acts and making each house provide its own supply—within its own curtilage—undesirable though this may be.

HOUSING AND TOWN PLANNING ACT, 1909.

INSPECTION OF DISTRICTS ORDER, &c.—This is one of the most important, far reaching, and, with limitations, useful pieces of legislation which has seen the light in recent years. It embodies many of the good points of the preceding Housing Acts, and re-enacts and makes compulsory several sections of these laws which previously were only adoptive or optional. The Regulations and Orders issued under its powers by the Local Government Board have the authority of law and not only confer great powers on local authorities but entrusts them with serious responsibilities. Unless those powers are exercised and responsibilities are realised the Authority will be in default and liable to have its duties fulfilled by superior powers and its responsibilities confined to paying the cost. Sec. 17 is as follows :

“i. —It shall be the duty of every local authority within the meaning of Part ii. of the principal Act to cause to be made from time to time inspection of their district, with a view to ascertain whether any dwelling-house therein is in a state so dangerous or injurious to health as to be unfit for human habitation, and for that purpose it shall be the duty of the local authority, and of every officer of the local authority, to comply with such regulations and to keep such records as may be prescribed by the Board.”

“ii.—If, on the representation of the Medical Officer of Health or of any other officer of the authority, or other information given, any dwelling-house appears to them to be in such a state, it shall be their duty to make an order prohibiting the use of the

dwelling-house for human habitation (in this Act referred to as a Closing Order) until in the judgment of the local authority the dwelling-house is rendered fit for that purpose."

"iii.---Notice of a Closing Order shall forthwith be served on every owner of the dwelling-house in respect of which it is made, and any owner aggrieved by the Order may appeal to the Local Government Board by giving notice of appeal to the Board within fourteen days after the order is served upon him.

During the past year the inspection of the District has been completed, and various dwellings have been noted for further attention. Of the 35 houses condemned by me and reported to you as unfit for habitation, only one was compulsorily closed—as the law directs—and eight were voluntarily closed or demolished by their owners, leaving a balance of twenty-six which were treated in a variety of ways not contemplated by the Act—re-inspections have been made—deputations of your members have been sent to see if peradventure your officials were too exacting. The greatest energy has been shown in postponing the evil day. Mr. Eyles, a Housing Inspector for the Local Government Board has been over the District, and his opinions are known to you—far from being unduly exacting your officials have inclined to moderation. Many houses should be demolished, and many new ones built to properly cope with the situation. Decent dwellings are the great want of the District, as in so many parts of Rural England. This absence of suitable abodes for the working class is responsible for a good deal of the exodus which has been such a feature of Rural life during the past thirty years. Let me again impress on you the very great effect of the dwelling in checking or increasing the spread of Tuberculosis—one of the most serious hygienic problems we have to face. Crowded, badly ventilated, ill-lighted dwellings, into which the sun's rays with difficulty penetrate, are a potent factor in the propagation of Pulmonary Phthisis, vitated air is more deadly in its effects on the bodily health of the young than scanty food.

"The Board may also remind Sanitary Authorities of their responsibilities under the Public Health Acts and Housing Acts, for the prevention of overcrowding, and for the correction of insanitary conditions which exist in houses unfit for human habitation and favour the spread of Tuberculosis."—Local Government Board Circular, 20/12/12.

RIVERS POLLUTION PREVENTION ACTS. Your neighbouring and adjoining Sanitary Authority, the Bridlington Corporation whilst abating the greater part of the nuisance by ceasing to carry all its nightsoil to the tip on the banks of the Gipseý Race is so far oblivious of the amenities of the situation as to deposit at frequent intervals considerable quantities of noisome stuff to the detriment of the stream and annoyance of neighbouring dwelling-houses. There is nothing in any Sanitary Act which allows or encourages a Sanitary Authority to create a nuisance—even to abate another—and there are few greater enormities than to pollute running streams. Bad habits when contracted even late in life are difficult to eradicate, and the mania for dropping nightsoil in inconsidered and undesirable places, has taken such a firm grip of our neighbours that they now litter the countryside with paper, tins and noisome refuse rather than adopt the only reasonable and scientific solution of the problem before them.

SCAVENGING, SEWERING AND SANITARY INSPECTIONS, &c. Full particulars of these matters will be found in Inspector Robson's Report which gives evidence of great industry and energy. I note that 8 defects in sanitary matters were found in Workshops and remedied, as compared with two in the previous year.

THE SLAUGHTER-HOUSES have been kept in a clean and wholesome state in compliance with the Bye-Laws and Sanitary Acts.

DAIRIES AND COWSHEDS. Frequent inspections of these places were made during the year and were mostly found in a good and cleanly state.

As far as practicable the animals in them were inspected but this is a duty which should be in the hands of a veterinary expert. Several reports on Bovine Tuberculosis in your District have come from the Veterinary Inspector of the County Council, but very few of the animals were owned by registered milk-sellers.

SCHOOLS. Educational work has been slightly interrupted during the year owing to a moderate amount of infectious sickness, amongst this Measles, as may be discerned in the Notification Statistics.

The Schools at Wold Newton, Hunmanby and Sewerby were each closed for a few weeks owing to Measles or Scarlet Fever. The utter indifference to such complaints as Measles,

Scarlet Fever, Chicken Pox, and so on, and the necessarily very imperfect knowledge of such complaints possessed by School Teachers prevents in most cases any information reaching the Sanitary Officials in time to be of service in checking the spread of infection. In this direction I much regret your not adopting the "Notification of Births" Act, and appointment of a female Health Visitor to act as School Nurse and Assistant Sanitary Inspector. She would have been of the greatest service to you in our scattered and sparsely-populated district. So far I am unable to find that any advantage has been taken by the Educational Authority of the Local Government Board circular relating to combined Medical Inspection and treatment of school children.

The school buildings are good and well kept, such defects as they have are incident to the disabilities attaching to the District.

TUBERCULOSIS REGULATIONS, 1913. During the last year I received notifications of 12 cases of Tuberculosis, 8 Pulmonary and 4 other than Pulmonary. One of these was an inmate of an Asylum for the Insane. Of the remainder only 3 received any form of Institutional treatment and for only short periods of time. The accommodation for Sanatorium treatment of Tuberculosis is still deplorably inadequate. We appear to have been standing still for the last two years. We are apparently as far as ever from that elysium of the Tuberculosis sick foreshadowed in such flowing language a few years ago—"the contemplative" stage is unduly prolonged and the weariness of hope deferred seems to have settled on both sick and officials alike—a wan hopeless smile is the only response to suggestions that it may be possible to get something done very shortly. The best of good advice can only rank with bad and indifferent, when there is no means of carrying it out. Far better to have left the provision of means of treatment of Tuberculosis untouched; such a course would at least have had the merit of leaving an open door for voluntary and local effort, which at present are paralysed, waiting to see what the Insurance people are going to do. I would strongly advise you to appoint a small Committee to deal with the question and invite other local bodies to join you in discussing the matter and to formulate some scheme which shall get us out of the present deadlock.

HOSPITAL. The accommodation for isolation treatment of Zymotic disease is scanty and dear. I should say, judging by your expenditure for 1913, you will very soon have spent enough to build an Isolation Hospital for the District. I cannot do better than repeat the recommendation in my previous Annual Report—to build a modest place of reception for Small Pox, and alternatively for

Tuberculosis. Scarcely a third of our children are vaccinated and very few individuals are re-vaccinated, hence there will be striking need for this accommodation one of these days.

I append Inspector Robson's Report and various additional Tables required by the Local Government Board and Home Office, and

I have the honour to be,

Gentlemen,

Your obedient servant,

W. A. WETWAN,
M.O.H.

To the Rural District Council,
and Sanitary Authority of Bridlington.

BRIDLINGTON RURAL DISTRICT COUNCIL.

February, 1914.

SIR,

I beg to again report upon sanitary administration in the District, during the year 1913.

All parts of the District were constantly visited, both for the purpose of making systematic inspections, and also to investigate complaints which reached me. I have in every instance taken appropriate steps wherever necessary, and was successful in procuring the abatement of a number of nuisances of various kinds. These were dealt with free from any special difficulty, and no authoritative measures were necessary in any case.

Throughout the District there are always from 60 to 70 persons engaged in the business of cow-keeping and milk-selling, and the premises of these are under observation during the year. In most instances they have been maintained up to the usual good standard which prevails in the neighbourhood, and the cattle are for the most part kept in good condition. Several reports have been sent to the Rural District Council during the year relating to cases of bovine tuberculosis, investigated by the County Veterinary Inspector, as required by the Tuberculosis Order of 1913. These do not, however, in many cases relate to cows owned by milk-selling cowkeepers. This Order appears to be of good effect in assisting with the detection of cattle affected with tuberculosis, and ought to lead eventually to a great diminution of the number so affected.

The ten slaughter houses in occupation in the District have all been kept wholesome and in excellent order during the year; also those workplaces to which the sanitary provisions of the Factory Acts apply have been maintained in a condition suitable and sufficient for the requirements of the Acts.

HOUSING, ETC., ACTS AND REGULATIONS. Much activity has been observed during the year in complying with the requirements of the above. The Rural District Council have had the question of the necessity for further Cottage accommodation in some of the villages before them many times, and have concluded that they do not see their way to embark upon any building operations.

As regards existing cottages, there were 35 in the District which were represented to the Council as being in a state unfit for occupation, and of these 8 were voluntarily closed or demolished at once, one was compulsorily closed, whilst in respect of the other 26 one has since been vacated, and the others have had done to them various works of renovation.

During the year five new cottages were erected in the District by private owners.

Many others have been re-inspected, and much correspondence and interviewing of owners has been undertaken; many cottages have been repaired, improved, and put into satisfactory condition, and others are to be repaired by the owners in due course.

I enclose the usual tabulated statements.

I am, Sir,

Your obedient servant,

F. H. ROBSON,
Assoc. Royal San. Inst.,
INSPECTOR OF NUISANCES.

To the
Medical Officer of Health.

Details of Sanitary Work carried out during 1913.

Dwelling-houses inspected	...	...	...	...	...	180
„ disinfectd after cases of ordinary infectious disease	...	...	...	...	...	14
„ disinfectd after cases of Phthisis	...	...	...	...	...	Nil
„ condemned as unfit for habitation	...	...	...	...	...	1
Dwelling-house yards paved	...	...	...	...	...	6
New houses built	...	...	...	...	...	11
Number of Notices served (formal and informal)	...	...	...	...	...	70
„ „ complied with	...	...	...	...	...	48
Number of Nuisances found	...	...	...	...	...	43
„ „ abated	...	...	...	...	...	43
Number of defective privies and ashpits remedied	...	...	...	...	...	16
„ „ house drains found	...	...	...	...	...	14
Number of new drains laid	...	...	...	...	...	8
Number of drains relaid or repaired	...	...	...	...	...	6
Nuisances from animals, accumulations of refuse, &c. abated	...	...	...	...	...	17
Water supplies—						
Houses newly supplied from water mains	...	...	...	...	...	10
Wells renovated and repaired	...	...	...	...	...	3
Samples of water sent for examination	...	...	...	...	...	Nil
Dairies and Cowsheds—						
Number on register...	...	...	...	...	...	67
Visits to cowsheds	...	...	...	...	...	66
„ Dairies	...	...	...	...	...	1
Defects found	...	...	...	...	...	4
„ remedied	...	...	...	...	...	4
Slaughter Houses—						
Number on register...	...	...	...	...	...	10
Visits to	...	...	...	...	...	20

HOUSING AND TOWN PLANNING ACT, 1909.

HOUSING (Inspection of District) Regulation, 1910, Article V.
 “The Medical Officer of Health shall include in his Annual Report information and particulars in tabular form in regard to”—

Number of dwelling-houses inspected under and for the purposes of Section 17 of the Acts of 1909	180
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Number of dwelling-houses found unfit for human habitation during the year	Nil
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Number of dwelling-houses made fit for habitation without formal representation during the year	14
Number of representations made during the year to the Local Authority with a view to the making of Closing Orders... ..	Nil
Number of Closing Orders made	1
Number of dwelling-houses in which the defects were remedied without the making of Closing Orders	37
Number of dwelling-houses which after the making of Closing Orders were put into a fit state for human habitation... ..	1
Number of houses voluntarily closed by owners ...	7
Number of houses voluntarily demolished by owners	2

General character of the defects found to exist :—

Dampness, lack of air-space and ventilation, structural decay, insufficient accommodation, improper or insufficient sanitary accommodation, dilapidation, etc.

Please give, where possible, the rents of the cottages reported as unfit for habitation :—

£2 10s. od. to £8 os. od. per annum.

Any other information and particulars of the work of Inspection under Section 17 :—

The decision with regard to 10 cottages previously represented is pending. Several minor repairs and renovations have been carried out, or are to be carried out, by correspondence and consultation with owners.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

for the year 1913 for the Rural District of Bridlington,
on the administration of the Factory and Workshops Act, 1901.

INSPECTIONS.

Premises.	Number of Inspections.	Number of Written Notices.	Number of Prosecutions.
Factories (including Factory Laundries)	...	...	...
Workshops (including Work- shop Laundries)	35	...	...
Workplaces (other than Out- workers' premises)			
Total	35	...	...

DEFECTS FOUND IN FACTORIES, &c.

Defects found..... 8 | Remedied..... 8

REGISTERED WORKSHOPS.

Agricultural, Engineering, Motor and Brick Works...	...	1
Brick Works ... ..	...	3
Ropery ... ..	...	1
Tailors, Blacksmiths, Wheelwrights, &c. ... ..	...	30
Total Number of Workshops on Register ... ..	...	35

VITAL STATISTICS OF WHOLE DISTRICT DURING 1913 AND PREVIOUS YEARS.

Year	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate,	of Non-resid'ts reg'd in the District	of Residents not reg. in the District	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Num-ber.	Rate per 1000 Nett Bths.	Num-ber.	Rate,
I	2	3	4	5	6	7	8	9	10	11	12	13
1908	7638	182			88	11.5	6	6	13		94	12.3
1909	7601	171			76	10.02	1	8	12		84	11.5
1910	7570	175			77	10.17	0	5	11		82	10.8
1911	7753	185			100	12.8	3	10	16		107	13.8
1912	7784	156			93	11.94	2	17	15		108	13.87
1913	7854	164	168	21.39	98	12.47	3	10	13	77.97	101	12.47

Area of District, 60,000 acres. Total population at all ages, 7732. Number of Inhabited Houses, 1681.
 Average number of persons per house, 4.6, at Census of 1911.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

NOTIFIABLE DISEASE.	At all Ages.	TOTAL CASES NOTIFIED IN EACH LOCALITY.			TOTAL CASES REMOVED TO HOSPITAL.
		Rural Brid'ton.	Hun-manby.	Skipsea.	
Diphtheria	3	2	I	...	I
Erysipelas	3	2	...	I	...
Scarlet fever	24	16	8	...	II
Cerebro-spinal Meningitis	I	I	...	...	...
Pulmonary Tuberculosis	7	5	I	I	...
Other forms of Tuberculosis	4	2	...	2	...
Measles	70	40	29	I	...
Totals	112	68	39	5	12

CAUSES OF, AND AGES AT, DEATH, DURING THE YEAR 1913.

[illegible]

INFANTILE MORTALITY DURING THE YEAR 1913.

CAUSES OF DEATH.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total deaths under One Year.
Measles	..	..	..	..	..	..	..	..	1	1
Convulsions	1	..	..	1	2	1	1	1	..	3
Bronchitis	..	..	..	..	1	..	..	..	1	1
Gastritis	1	..	..	..	1	..	1	..	..	1
Syphilis	..	..	..	..	..	..	..	1	..	1
Atelectasis	..	..	..	..	1	..	..	..	..	..
Congenital	1	..	..	..	..	..	..	..	..	..
Malformations	1	..	..	..	1	..	..	..	..	..
Premature Birth	2	..	..	..	2	..	..	..	..	..
Atrophy, Debility and	..	..	..	..	..	..	..	..	..	..
Marasmus	1	..	..	..	1	..	..	..	..	..
Other Causes	..	..	..	..	..	..	1	..	..	1
Totals	7	..	..	1	8	1	3	2	2	8

Nett Births in the year: legitimate 150, illegitimate 18. Nett Deaths in the year of legitimate infants 6, illegitimate infants 10.